PATENT	ΔΡΡΙ	ICATION	FFF	DETERMINATION	RÉCORD
	~			DETERMINATION	ILCOID

Effective January 1, 2003

Application or Docket Number

10/629189

(Column 1) (Column 2)							SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			(Column	11)	(Colu	mn 2)		TYPE [OR	SMALL	
TOTAL CLATIVIS				5i.s				RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	#395	OR	BASIC FEE	\$790
TOTAL CHARGEABLE CLAIMS			minus 20=		*		:	X\$ 2 5≡	·	OR	X\$ <i>57</i> =	
INDEPENDENT CLAIMS			minus 3 = *				YES		OR	×200=		
ML	JLTIPLE DEPEN	IDENT CLAIM P	RESENT	ŕ				,		OR	+360=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2		+ / 85- TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II							•		<u> </u>	10.,	OTHER	THAN
		(Column 1)		(Colur	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 18	Minus	** 2	O	=		X\$ \$ =		ÖR	X\$ 4 %=	
	Independent	* 3	Minus	<u></u>	3	=		760 X 42 =		OR	×840	
L	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDENI	CLAIM			180 + 140=		OR	360 1280	
							•	TOTAL ADDIT: FEE		 	TOTAL ADDIT. FEE	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	(Column 1)		(Colur	nn 2)	(Column 3)		AUUII FEE			ADDII. REEI	
_		CLAIMS		HIGH	EST			Carrago de se Carrago Carrago de	ADDI-			ADDI-
NT B		REMAINING AFTER:		NUM PREVIO	DUSLY.	PRESENT EXTRA	1	RATE	TIONAL		RATE	TIONAL
AMENDMENT	13267.4	AMENDMENT		PAID	FOR		200	25	FEE		50	FEE
QN	Total		Minus	**				X\$ ₽=:		OR	X F	
(NE	Independent		Minus :	***				142		ÓН	200 X94≡	
1	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			1815		5	360	
								488		OR		
							行為	TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	
		(Column 1)		(Colur	nn 2\	(Column 3)	3.2					
, ,		CLAIMS		HIGH	EST	1905 P.	131	TANAS TASAS On Contract	ADDI-			ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NÚM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**	FUN			્રેટ ે X\$ પ્ર =	FEE	OD.	50 X\$ 18 =	FEE
MEN	Independent	*	Minus	***				×1 <u>0</u> 0		OR	200	
٧	FIRST PRESE	NTATION OF M	JLTIPLE DEI	ENDENT	CLAIM					OR	X 04 =	
								180 +140=		OR	360 + 280 =	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20."									OŘ.	TOTAL	
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												